

Wanda Misk

Wanda, or as she likes to be called, “Winnie” is an 82 year-old who lives alone in her apartment, where she has lived for over sixty years. She has two daughters and five grand-children, none who live in the area, and although her family phones her often, she only sees them one to two times a year. Her husband passed away about twenty years ago.

Winnie has diabetes, obesity, and arthritis. She attends the center 4 days per week. She receives 40 hours of IHSS per month.

Winnie has had two falls in the last six-months. These falls can be attributed in part to not using her walker as she does not want to “look old”. She will use it in her home consistently although at the center she will not use it without reminders and when she goes out of her home into the community, she will not use it at all (which is when both falls occurred.)

Winnie is obese, and chooses not to eat foods prescribed by her physician. She states she really likes to eat. She loves her food and feels that since she’s so old anyway, it really doesn’t matter. Her blood glucose levels range between 85-308 at the center. She chooses not test her own blood sugar on days she does not attend the center, although she has been educated consistently for over a year on both her diet and testing her BG. She admits she doesn’t like to check because it reminds her she has a problem. The center RN checks her BG 4x a week when she is at the center.

Winnie does take her medicine as prescribed, but utilizes a pill box, which the center RN helps her refresh every Monday. Winnie is 180% of her IBW. This weight impairs her ability to exercise, exacerbates her diabetes and contributes to her fall risk. The center physical therapist encourages Winnie to exercise at home in addition to the exercise she receives at the center, and has provided a home work-out program developed specifically for her. She states she tried it, and didn’t like it, made her get out of breath and uncomfortable, so she stopped doing it.

Winnie’s primary coping mechanism is to ignore the problem. Staff suspect that she uses food for comfort and the psychological consultant has suggested that she may be using food to mask her fear of becoming more ill and possibly dying. Winnie becomes out of breath with exertion, walking more than 100 feet, which further impacts her ability to successfully exercise and adds to her discomfort while exercising.

Winnie is very social. She enjoys the center most for that reason. She has many friends in the center. She enjoys reading, and is never without a book in her tote bag. She especially enjoys horror mysteries. She completed college with a bachelor’s degree in library sciences and worked as a librarian for fifty years. She misses it dearly; she loved working with all the different types of people, children, homeless, the aged. She made many friends while working at the library, many with whom she continues to stay in contact. She has organized a center lending library and works the desk for about an hour per day while at the center. She states that this “job” helps to keep her mind alert and sane. She enjoys helping others.

Winnie used to attend church when she could drive, but her church has no transportation for her, so she stopped attending about 5 years ago. She still has friends who come and see her from the church though. Winnie goes out to lunch with her friends about 1x a

week. She generally will not leave her house alone, requires the support of her IHSS worker “Jenny” to do her grocery shopping, cleaning and laundry. Winnie states she is able to shower herself, and will only take a shower if Jenny is at the apartment. She utilizes a shower chair, hand-held shower attachment and grab bars for safety.